

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1371  
Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

## FOR OFFICE USE ONLY

Postmark Date: 4-24-07

Reg 2007  
VA# 00393797  
wmi \$110

1070092

1. NAME Ayala Ligia B.  
Last First MI

2. BUSINESS PHONE (225) 295-0655  
Area Code and Phone Number

3. BUSINESS ADDRESS 12015 Justice Ave. Baton Rouge LA 70809  
Street and No. City State Zip

MAILING ADDRESS Same as above  
Street and No. City State Zip

4. EMPLOYER March of Dimes Louisiana Chapter

5. EMPLOYER'S ADDRESS 12015 Justice Ave. Baton Rouge LA 70809  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name March of Dimes LA Chapter

Address 12015 Justice Avenue BR, LA 70809

Business or purpose Promoting programs/services that reduce the causes of pre-term birth and increase the likelihood of positive birth outcomes.

Does this person pay you? yes

If No, who pays you? I am a full-time employee (director of Program Services) I am not paid to lobby.

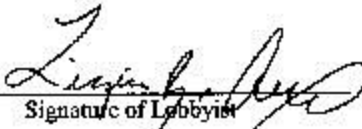
# LOBBYING REGISTRATION FORM



2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_
4. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

